

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044600

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

383

Primary Registration District No.

5655

Registrar's No.

346

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0550

2 0550

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9 493XA

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12 92-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. VERNON		c. CITY OR TOWN MT. VERNON	
Length of stay in 1b 40 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI STATE SANATORIUM		d. STREET ADDRESS (If outside, give location) NO NAME	
3. NAME OF DECEASED (Type or print) EVERT REUBIN MARSH		4. DATE OF DEATH Month DECEMBER Day 1 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-25-06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR	
11. BIRTHPLACE (City and state or country) MISSOURI, USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME SAM MARSH		13b. MOTHER'S MAIDEN NAME NALA MELTON	
14. NAME OF HUSBAND OR WIFE NELLIE MARSH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT MISSOURI STATE SANATORIUM HOSPITAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA, RIGHT LUNG			INTERVAL BETWEEN ONSET AND DEATH 14 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY INSUFFICIENCY, SEVERE PLEURAL FIBROSIS, PULMONARY TUBERCULOSIS INACTIVE			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 10-22-63 to 12-1-63 and last saw her him alive on 12-1-63 Death occurred at 4:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Randall B. [Signature] (Degree or title) STAFF PHYSICIAN		22b. ADDRESS MISSOURI STATE SANATORIUM MT. VERNON, MO.	
22c. DATE SIGNED 12-1-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-4-63	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	23d. LOCATION (City, town, or county) (State) Mt. Vernon MO.
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon Mo		25. DATE RECD. BY LOCAL REG. 12-6-63	26. REGISTRAR'S SIGNATURE Roy [Signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Foster

Licensed Embalmer No. 4252

P. O. Address Northway Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.